



SIOUX LOOKOUT
Meno Ya Win
 HEALTH CENTRE

Wiichi'iwewin (Patient & Client Supports):

Expanding the Role of Interpreter to Cross-Cultural Patient Support Worker

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Wiichi'iwewin is an Oji-Cree term denoting a helper or supportive person

The Sioux Lookout Meno Ya Win Health Centre's (SLMHC) interpreter services are evolving from an informal, untrained service to that of Weecheewaywin workers, a new type of health care support worker.

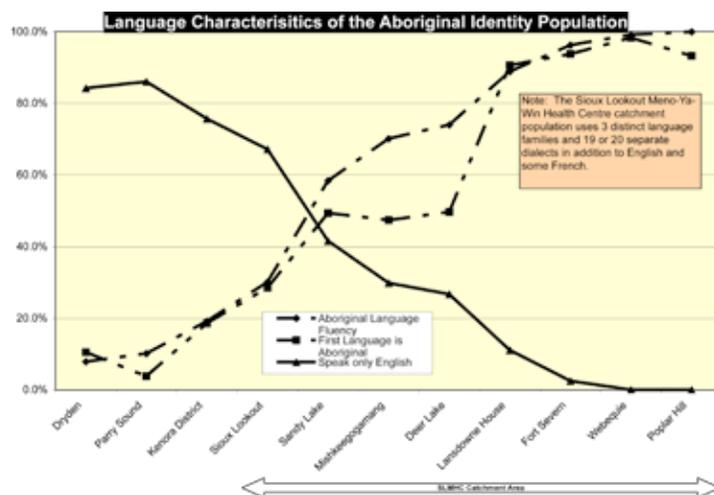
Our program development and implementation model is an incremental, five-step approach.

Each aspect of the program is initially established at an appropriate level, often determined by the availability of resources or existing state of programming extant in the organization.

Development occurs in accordance with defined priorities and availability of resources to sustain an enhanced level of programming. The pace at which progress is made will vary from one component to the next.



The SLMHC service population is 80% First Nation and speaks multiple Anishnabe languages and dialects. These ancient languages commonly do not have terminology that readily permits interpretation or translation. Medical literacy is very low.



A major lexicon development project is underway to be used broadly throughout the region.

A prime example of the application of this model is the evolution of our interpreter program to a Wiichi'iwewin worker program. We are currently at Stage 4. Some elements of the program have already generated promising practices of interest to others.

The following chart summarizes this strategy showing hallmarks of each step of the various program components.

Stage	Developmental Level	Description	Constraints	Description of Interpreter Service at this stage	Characteristics
1	Rudimentary	A basic level of program or service availability or sophistication	<ul style="list-style-type: none"> Pre-existing state of the program or service Resource limitations Priority level 	Volunteer bi/multilingual interpreters available on roster	<ul style="list-style-type: none"> Focus on linguistic interpretation Untrained Low medical literacy Limited availability Personal relationship issues
2	Developmental	Program enhancements target incremental changes to move the program to a planned optimal state of development	<ul style="list-style-type: none"> Limitations of the developmental plan Resource limitations Receptiveness/readiness of the sponsoring unit(s) Priority level 	Designated bi/multilingual staff available on request	<ul style="list-style-type: none"> Focus on linguistic interpretation Untrained Some medical literacy Informal training Limited availability but reasonable proximity Conflicting job priorities
3	Mature	Well-established program with good acceptance and appropriate utilization – based on elaboration and refinement of developmental stage enhancements	<ul style="list-style-type: none"> Client acceptance and utilization Resource limitations Internal investment/reinvestment options Difficulties finding best practices to emulate Competing priorities 	Dedicated-function interpreters	<ul style="list-style-type: none"> Focus on linguistic interpretation Some formal training Moderate medical literacy Ready availability for primary provider-patient transactions
4	Integration	Incorporating the program across all aspects of the organization with an end result of seamless system-wide acceptance, use and ownership of the program	<ul style="list-style-type: none"> Organization-wide acceptance and utilization Perception of the program as value-added element Resource limitations Competing priorities and perspectives Difficulties finding best practices to emulate 	Broad spectrum interpreters	<ul style="list-style-type: none"> Deployment organization-wide Available for all patient, resident, or client contact Trained to meet specific needs of host department Focus on linguistic and cultural interpretation Continuity leads to knowledge of specific patient needs Supported by translated information/ education materials Service collaboration with other providers
5	Benchmark	Adoption of others best practices, continuous internal learning and development, sharing promising practices of the organization with others, and learning from their improvements and modifications to those practices	<ul style="list-style-type: none"> Network connections and acceptance Difficulties identifying, adopting and adapting relevant best practices from others Resource limitations Competing priorities & options Sub-optimization through proliferation of choices 	Wiichi'iwewin worker	<ul style="list-style-type: none"> Integral member of the care team Participate in care planning/evaluation Assigned "case load" Continuity of care Knowledge of individual patient's needs Patient navigation Patient advocacy Cultural and linguistic interpretation Credentialed medical interpreters with defined standards of practice and a code of ethics Formal training includes interpretive process, care process, etc. Diverse language, dialect and cultures of all communities well-represented in interpreter pool Well-developed lexicon to support interpreters, providers, patients and stakeholder caregivers eg. CHRs, nursing stations Adequate patient supports for cross - lingual encounters not represented in interpreter pool

Results To Date

- Interpreter availability increased from 50 hours per month to 250+ hours per month
- Use of interpreters has increased by 235% since the introduction of "dedicated function interpreters"
- Elders in residence visit virtually every patient to determine if there is a need for support of any kind from the THMFS program
- Patient satisfaction rates are up
- Cross Cultural Patient safety improvements